



Chairman:
Chief Executive:

DAVID GARBUTT
PAULINE HOWIE

Scottish Ambulance Service



National Headquarters, Tipperlinn Road, Edinburgh EH10 5UU
Tel: 0131 446 7000 Fax: 0131 446 7001
Email: paulinehowie@nhs.net
(PA): caird@nhs.net

From: Pauline Howie, Chief Executive

PH/CA

18th October 2010

Mr Mark Aggleton
Scottish Government
St Andrew's House
Regent Road
Edinburgh
EH1 3DG

Dear Mark

REQUEST FOR COMMENTS ON THE "FUTURE APPROACH TO GOVERNANCE" IN NHSSCOTLAND

Thank you for the opportunity to comment on the above paper. This was considered by the Scottish Ambulance Service Board at its meeting on 29th September. The Board considered the proposals in the context of the NHSScotland Healthcare Quality Strategy, which is a standing Board agenda item; the Francis Inquiry, the findings from which have also been considered by the Scottish Ambulance Service Board, and against which the Clinical Governance Committee of the Board subsequently reviews progress with our own Action Plan; and our existing Board Governance arrangements.

The Board supports the principle of more outcome focused governance arrangements and agrees that the time and effort involved in responding to external scrutiny should be limited, with more focus on exceptions and relevant high quality data. This will require a refocused Information Strategy for NHSScotland, and agreement with a range of stakeholders. It may also require some investment in systems and data interpretation skills throughout Scotland. In striving for this, we need to ensure that we continue to build on progress made to date, rather than re-inventing systems. The Board particularly welcomes the checklist set out in Annex A around the "principles of good governance".

As requested, please find, attached, an organogram of the current governance structure for the Scottish Ambulance Service Board. The Board meets 6 times per year, and has a further 5 development sessions. The governance committees meet at least 4 times per year and report directly to the Board. The Chairman and Chief Executive are regular attendees at each of the Committees, although they are not members. Each Committee has a member from the other sub-committees to ensure linkages. Internal audit also reports relevant issues to Clinical Governance and Staff Governance Committees.



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Recent developments, to continuously improve governance, include the implementation of our data warehouse which links clinical records with operational records and reports variations from expected practice. This is enabling more outcome focused performance reporting and joining up our part of the journey of care with wider patient records.

Following our Board diagnostic review, we have developed and implemented an action plan to build on the sound governance arrangements that this review demonstrated. We will undertake a further assessment in the next few months, particularly focusing on the “Future Approach to Governance” proposals.

I would be happy to discuss any of the above comments with you further.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Pauline'.

Pauline Howie
CHIEF EXECUTIVE